

**APPLICATION FOR INITIAL LICENSURE  
ADVANCED PRACTICE PROFESSIONAL NURSE  
AND  
PROFESSIONAL NURSE (RN)**

**SEE APPLICATION FOR PRESCRIPTIVE AND  
DISPENSING AUTHORIZATION FOR PRESCRIPTIVE  
AUTHORITY.**

**Criminal Background Checks – Fingerprint-based are  
required for all applicants. Cards are available from the  
Board office. See Item “Fingerprint Card – Related Fees”**

## APPLICATION INSTRUCTIONS FOR NURSE LICENSURE

This application may be used by nurses applying for:

- Licensed practical nurse licensure (LPN).
- Licensed professional nurse licensure (RN).
- Advanced practice professional nurse licensure (CNM, CNS, NP, RNA). *If you are applying for APPN licensure and are not currently licensed to practice in Idaho as a professional nurse (RN), you must apply for professional and advanced practice professional nurse licensure and pay both licensure fees.*
- Temporary licensure. *Idaho has a mandatory nurse licensure law requiring nurses to be licensed to practice in Idaho at the time of employment. A temporary license may be issued for an interim period of ninety (90) days while the application for renewable licensure is being processed. Instructions for temporary licensure are included on the reverse side.*

The following must be on file with the Board of Nursing to determine your eligibility for licensure in Idaho. (All documents become the property of the Board and may be destroyed, without further notification, if the application is not completed within one year.) Documents requiring notarization may NOT be received by FAX.

*The following items are required for all applications:*

1. **APPLICATION FORM:** Only application forms provided by the Board, completed in ink and notarized will be accepted. Photocopies or Faxed copies of application forms will not be accepted.
  - 1) If all information requested is not supplied, provide an explanation for the omission.
  - 2) Sign the affidavit with your usual signature and have it notarized.
  - 3) Attach a 2 x 2 identification photograph, taken within the last year. Electronically scanned photos are not acceptable; features must be clearly identifiable. Black & white or color photos are acceptable.
2. **FEE.** Enclose the appropriate fee for all categories of licensure for which you are applying (personal checks are accepted):  
**Licensed Practical Nurse (LPN)/Licensed Professional Nurse (RN):**  
Endorsement Fee - \$110.00    Reinstatement Fee - \$125.00    RN/PN Temporary License Fee – additional \$25.00
3. **CENSUS QUESTIONNAIRE:** Complete the enclosed Census Questionnaire and return with your completed application. (If you have not been licensed in Idaho previously, leave the box requesting your license number **blank**.)
4. **VERIFICATION FORM:** Send the verification of licensure form to the state in which you were licensed by examination (complete the enclosed "Verification of Licensure" form) **OR** if you were ever licensed in one of the states on the enclosed "NOTICE To Nurses Seeking Licensure in Idaho", you will need to complete **only** the enclosed NURSYS form and submit it to the National Council of State Boards of Nursing for processing (see attached information). Do not request both verifications. **The temporary license can be issued prior to the receipt of either of these forms.**
5. **EMPLOYMENT REFERENCE:** A satisfactory nursing employment reference from the three-year period immediately preceding the application is required. The employment reference may be faxed to (208) 334-3262 or mailed directly to the Board of Nursing by the employer. References will not be accepted from the applicant. **This form is not required to be on file in order to issue the temporary license.** *If you have not been employed in nursing within the last three years, do not complete the reference form. You may be required to obtain a conditional temporary license in order to update your nursing knowledge to qualify for Idaho licensure.*
6. **DECLARATION OF STATE OF RESIDENCE.** Complete the enclosed form attesting that your primary residence is in a Compact state.
7. **AFFIDAVIT:** The affidavit on page 2 of the application must be completed and notarized in order for your application to be valid.
8. **FINGERPRINT CARD.** Complete the required Fingerprint card and submit to the Board for processing. Only cards from the Board office are acceptable - **fee for processing - \$34.00.**

**PLEASE BE ADVISED:** Licensed professional nurses and advanced practice professional nurses must renew their license(s) by August 31<sup>st</sup> of every odd-numbered year. Licensed practical nurses must renew their license by August 31<sup>st</sup> of every even-numbered year. A nurse who applies for licensure on or after March 1<sup>st</sup> of the year in which the license would ordinarily be renewed, will be issued a license valid until the next renewal period.

Idaho Board of Nursing – 280 North 8<sup>th</sup> Street, Suite 210, Boise, Idaho 83720-0061  
Mailing Address: PO Box 83720    Voice – (208) 334-3110 – TDD Relay – (800) 377-3529

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## INSTRUCTIONS FOR APPLYING FOR TEMPORARY LICENSURE FOR RN/LPN APPLICANTS

Applicants requesting temporary licensure as an RN/LPN must submit completed application pages 1 & 2 with these additional materials:

- 1) Licensure fee, plus the additional temporary licensure fee of \$25.00.
- 2) Evidence that you are currently licensed in good standing in another state. Submit a photocopy of a current licensure certificate (wallet-sized card) accompanied by the enclosed "Affidavit Attesting to Validity of Copies". The licensure certificate must indicate the expiration date. Temporary licenses CANNOT be issued on expired, inactive, non-practicing certificates; temporary licenses from other states; or certificates not issued in your current name unless accompanied by a Change of Name Affidavit (available from this office) or a copy of your marriage license, divorce decree or other legal document indicating name change.

Applicants who have not been employed in nursing within the last three years may be required to obtain a conditional temporary license in order to update nursing knowledge and skills. The conditional temporary license may be issued by submitting completed application pages 1 & 2 with these additional materials:

- 1) Licensure fee, plus the additional temporary licensure fee of \$25.00.
- 2) Evidence of previous licensure or a copy of your lapsed license is acceptable, pending receipt of a verification form from original state of licensure (or NURSUS). (Please contact the Board office ext. 34 if you have questions.)



## ADVANCED PRACTICE PROFESSIONAL NURSE

**In addition to submitting the completed application pages 1 & 2, the following items are required for Advanced Practice Professional Nurse Licensure:**

1. **APPLICATION FORM:** Complete the information requested on page 3.
2. **FEE.** Enclose the appropriate fee:

Advanced Practice Professional Nurse (CNM, CNS, NP, RNA)	-	\$90.00
APPN Temporary License	-	No Fee
3. **OFFICIAL TRANSCRIPT:** Request an OFFICIAL TRANSCRIPT indicating program completion from the advanced practice professional nursing program, to be mailed directly to the Board of Nursing office.
4. **ADVANCED PRACTICE PROFESSIONAL NURSE NATIONAL CERTIFICATION.** Submit a copy of your current national certification attached to the enclosed affidavit.
5. **RN LICENSURE.** If you are currently licensed to practice as an RN in Idaho, do not submit items 2, 3, 4, or 5 on page 1 of these instructions.

## TEMPORARY LICENSURE FOR ADVANCED PRACTICE PROFESSIONAL NURSE APPLICANTS

Advanced practice professional nurse applicants (CNM, CNS, NP, RNA) applying for APPN temporary licensure, who are currently authorized to practice in Idaho under temporary or renewable professional (RN) licensure must submit the completed application form and the "Affidavit Attesting to Validity of Copy", attached to one of the following documents:

- 1) If you hold national certification, submit a copy of your current certificate showing the expiration date; or
- 2) If you have not yet taken the certification examination, submit a copy of the document which verifies acceptance to take the examination. In addition, evidence of completion of an Advanced Practice Professional Nursing education program is required. If a final transcript is not yet available, submission of one of the following documents is acceptable:
  - a. Correspondence received directly (by FAX or mail) from the director of the educational program attesting to completion of all graduation requirements; or
  - b. Notarized copy of diploma.
- 3) If your national certification has lapsed, submit a copy of your lapsed certificate. The Board will consider issuance of a conditional temporary license in order for you to meet specified practice requirements under supervision for re-entry into advanced practice professional nursing.

**IDAHO BOARD OF NURSING - PO BOX 83720 - BOISE, ID 83720-0061**

(208) 334-3110

**APPLICATION FOR LICENSURE**

For Office Use Only

License # \_\_\_\_\_

APPN # \_\_\_\_\_

Receipt# \_\_\_\_\_

Amount \_\_\_\_\_

Approval

Temp \_\_\_\_\_

Licensure \_\_\_\_\_

Check **all** categories for which application is being made:

- ☐ **Licensed Practical Nurse (LPN)**
  - ☐ Licensure by Endorsement
  - ☐ Licensure by Reinstatement
- ☐ **Licensed Professional Nurse (RN)**
  - ☐ Licensure by Endorsement
  - ☐ Licensure by Reinstatement
- ☐ **Advanced Practice Professional Nurse**
  - ☐ Certified Nurse-Midwife
  - ☐ Clinical Nurse Specialist
  - ☐ Nurse Practitioner
  - ☐ Registered Nurse Anesthetist
- ☐ **Temporary Licensure**

AFFIX A 2" X 2"

PHOTOGRAPH

HEAD AND  
SHOULDERS  
ONLY

Taken within the Year

DO NOT STAPLE

Date of photo \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Maiden

Other names used previously \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone - Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_

(City & State)

(Mo/Day/Year)

**BASIC RN/LPN EDUCATION**

Name of Practical Nursing (LPN) Education Program \_\_\_\_\_

Location \_\_\_\_\_

Month/Year Graduated \_\_\_\_\_ Type of Degree/Credential \_\_\_\_\_

Name of Professional Nursing (RN) Education Program \_\_\_\_\_

Location \_\_\_\_\_

Month/Year Graduated \_\_\_\_\_ Type of Degree/Credential \_\_\_\_\_

**LICENSURE**

1. Have you ever taken the State Board Test Pool Examination (SBTPE) or National Council Licensure Examination (NCLEX) in any state of the United States? ☐ Yes ☐ No ☐ RN ☐ PN
2. Have you ever been licensed or made application for licensure as an RN/LPN/APPN in Idaho prior to this date? ☐ Yes ☐ No  
If previous Idaho licensure, indicate year and name used \_\_\_\_\_
3. State and year of original RN/LPN licensure \_\_\_\_\_ License No. \_\_\_\_\_
4. List all states in which you are or have ever been licensed \_\_\_\_\_

YOU MAY NOT PRACTICE NURSING IN IDAHO AS DEFINED IN THE NURSING PRACTICE ACT, IDAHO CODE, SECTION 54-1401 THROUGH 54-1417, UNTIL YOU HAVE FILED AN APPLICATION AND RECEIVED A TEMPORARY OR RENEWABLE LICENSE.

**EMPLOYMENT INFORMATION****LIST LAST THREE (3) YEARS OF NURSING EMPLOYMENT:** (Additional information may be listed on a separate sheet.)

Name & Complete Address of Employer	Position	Employment	
		From	To

If you have not been employed in nursing within the last three years, or if there are gaps in employment, indicate your **last year of nursing employment** and explain the reason. (Supervised practice and a content update may be required if you have not engaged in nursing practice during the last three years.) \_\_\_\_\_

**IT IS THE DUTY OF EACH APPLICANT TO MAKE INQUIRY OF THE INDIVIDUAL LICENSING BOARDS REGARDING THE STATUS OF LICENSURE IN THAT STATE BEFORE RESPONDING TO THE QUESTIONS BELOW.** Ignorance of license status or disciplinary information will not constitute an excuse for incorrect information. In addition, failure to disclose all licenses may result in denial of your application or other appropriate action.

**SCREENING QUESTIONS**

**PLEASE ANSWER ALL QUESTIONS** (For all "yes" answers, attach a complete explanation including dates, circumstances and supporting documents if necessary.)

- Has your nursing license ever been disciplined in any state (e.g., revoked, suspended, placed on probation, formally reprimanded, or otherwise encumbered)? ☐Yes ☐No
- Is any action pending against your nursing license in any state? ☐Yes ☐No
- Have you ever had approval to practice in an advanced role denied, limited, suspended, revoked or otherwise disciplined? ☐NA ☐Yes ☐No
- Have you ever had an application for nursing license denied? ☐Yes ☐No
- Have you ever been denied admission to take a nursing examination by any state? ☐Yes ☐No
- Do you have, or have you been diagnosed as having, or have you been treated for having a physical or mental condition, including drug or alcohol addiction during the past five (5) years, which may impair your ability to practice nursing with reasonable skill and safety? ☐Yes ☐No
- If yes, do you require special accommodations in order to practice? ☐NA ☐Yes ☐No
- Do you currently have any felony or misdemeanor charges pending against you in any jurisdiction? ☐Yes ☐No
- Have you ever pled guilty, entered a plea of nolo contendere, been convicted of, or received a withheld judgment for a misdemeanor or felony in any jurisdiction? ☐Yes ☐No

**THE AFFIDAVIT BELOW MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.**

**AFFIDAVIT**

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) s.s.  
 County of \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, declare that I understand the instructions and terms as set forth in this application form, that I am the person referred to in the foregoing application and this affidavit, and that I have personally completed this form, and that the information given in this application is true, correct and complete. I declare that I have no mental or physical disabilities (except as otherwise noted above) that presently interfere with my ability to competently and safely practice nursing and that I have read and understand this affidavit.

\_\_\_\_\_  
 Signature of Applicant

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_ before me \_\_\_\_\_, notary public, personally appeared \_\_\_\_\_ known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.  
 4/2006

My Commission expires \_\_\_\_\_

**The following must be completed by Advanced Practice Professional Nurses applying for licensure in the categories of Certified Nurse-Midwife, Clinical Nurse Specialist, Nurse Practitioner or Registered Nurse Anesthetist.**

**ADVANCED PRACTICE PROFESSIONAL NURSE EDUCATION \***

\* Official Transcript is required and must be mailed by the granting institution directly to the Board of Nursing.

Please ☒ the category for which you are applying for licensure:

☐ **Certified Nurse-Midwife:** Name of Nurse-Midwifery Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree/Credential \_\_\_\_\_

☐ **Clinical Nurse Specialist:** Name of Graduate Nursing Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree/Credential \_\_\_\_\_

☐ **Nurse Practitioner:** Name of Nurse Practitioner Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree/Credential \_\_\_\_\_

☐ **Registered Nurse Anesthetist:** Name of Nurse Anesthesia Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree/Credential \_\_\_\_\_

**ADVANCED PRACTICE PROFESSIONAL NURSE CERTIFICATION**

**APPN Certification:**

Name of certifying organization: \_\_\_\_\_

Date of original certification: \_\_\_\_\_

If not yet certified, date scheduled for examination \_\_\_\_\_

A notarized copy of your current certificate, or a document which verifies acceptance to take the examination must be enclosed.

**IDAHO BOARD OF NURSING**

**Professional Nurse (RN)**  
**2007 - 2009 CENSUS QUESTIONNAIRE**

For Office Use Only

Cert # \_\_\_\_\_  
 Rec't # \_\_\_\_\_ Amt \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
☐ Reinstatement  
☐ Endorsement

Please Print:

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY &amp; STATE : \_\_\_\_\_

Zip Code

Idaho License No.	Birth Date	Social Security No.	Gender* (Optional)	County Name	
	/ /	- -		Residence:	Employment:
Ethnicity* (Optional) <input type="checkbox"/> Caucasian(1) <input type="checkbox"/> African American/Black(2) <input type="checkbox"/> Hispanic(3) <input type="checkbox"/> Am. Indian/Alaska Native(4) <input type="checkbox"/> Asian/Pacific Islander(5) <input type="checkbox"/> Multi-Racial(6) <input type="checkbox"/> Other(99)_____					

(\*Voluntary disclosure information – response optional)

Please choose only one answer for each question, write the appropriate number in the box to the left.

<b>EMPLOYMENT STATUS</b>	1. Employed in nursing full-time 2. Employed in nursing part-time 3. Employed outside nursing 4. Not Employed/Seeking Employment		5. Not Employed/Student 6. Not Employed/Not Seeking 7. Volunteer 8. Emeritus		9. Retired	
<b>PRIMARY EMPLOYER</b>	Employer _____ Address _____					
<b>PRIMARY EMPLOYMENT</b>	1. Hospital 2. Nursing Home 3. Home Health/Hospice 4. Public Health 5. Occupational Health 6. Medical Office/Clinic		7. Assisted Living 8. Nursing Education 9. Insurance Company 10. Jail/Prison 11. School Health 12. Outpatient Facility		99. Other (specify) _____	
<b>TYPE OF POSITION</b>	1. Staff or General Duty 2. Case Manager/Discharge Planner 3. Administrator/Supervisor 4. Educator 5. Advanced Practice (not RN Specialty)		6. Quality Assurance/Outcomes Management 7. Consultant/Researcher 8. Charge/Lead Nurse/ Team Leader 99. Other (specify) _____			
<b>MAJOR CLINICAL AREA</b>	1. Geriatric 2. Gynecologic/Obstetric 3. Medical/Surgical 4. Pediatric		5. Psychiatric/Mental Health 6. Emergency 7. Community/Public Health 8. Rehabilitation/Restorative		99. Other (specify) _____	
<b>BASIC EDUCATION</b>	1. Diploma 2. Associate Degree		3. Baccalaureate Degree or Higher 4. Other (specify) _____			
<b>HIGHEST DEGREE</b>	1. Diploma/RN 2. Associate Degree/RN 3. Baccalaureate Degree/RN 4. Baccalaureate Degree in Other Field (specify) _____ 5. Masters in Nursing		6. Masters in Other Field (specify) _____ 7. Doctorate in Nursing (specify) _____ 8. Doctorate in Other Field (specify) _____ 9. PN Certificate/Diploma		10. PN Associate Degree 99. Other (specify) _____	
Year Advanced Degree was Granted _____						
I am currently taking courses toward an additional/advanced degree in nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No I intend to leave/retire from the practice of nursing in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No States other than Idaho in which I am practicing: _____						

Information provided is for statistical purposes only.

Mailing: P.O. Box 83720

FAX: (208) 334-3262

## VERIFICATION OF LICENSURE

**APPLICANT:** Complete the requested information and forward to the Board of Nursing in the state in which you were licensed by examination. Board addresses are located on the back of this form. (A fee may be required.)

NAME: (Last, First, Middle, Maiden)

PREVIOUS NAMES:

SOCIAL SECURITY NO:

CURRENT ADDRESS: (Street, City, State, Zip Code)

ORIGINAL LICENSE NUMBER:

TYPE OF LICENSE

( ) Professional (RN) ( ) Practical

DATE ISSUED:

NURSING EDUCATION PROGRAM COMPLETED:

YEAR OF GRADUATION:

Name:

Location:

I hereby authorize the \_\_\_\_\_ Board of Nursing to release the information requested below to the Idaho Board of Nursing.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## LICENSING AGENCY

This is to certify that the above-named individual was issued:

LICENSE NUMBER: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

( ) Licensed Professional Nurse (RN)

( ) Licensed Practical Nurse

LICENSED BY:

( ) Examination

( ) Endorsement

LICENSURE STATUS:

( ) Current ( ) Lapsed

EXPIRATION DATE:

Has this license ever been encumbered in any way (revoked, suspended, restricted, limited, placed on probation)? \_\_\_\_\_

( ) YES\* ( ) NO

Under current investigation \_\_\_\_\_

( ) YES\* ( ) NO

Action Pending \_\_\_\_\_

( ) YES\* ( ) NO

\* If YES, please attach an explanation, documents, etc.

NURSING EDUCATION PROGRAM: \_\_\_\_\_

Location: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Approved/Accredited by Board of Nursing at time of graduation: \_\_\_\_\_

( ) YES ( ) NO

Examination Information	Registered Nurse NCLEX	Registered Nurse SBTPE					Practical Nurse NCLEX/ SBTPE
		MEDICAL NURSING	PSYCH NURSING	OB NURSING	SURG NURSING	NURSING OF CHILD	
Standard Scores							
Series/Form							

This form may be FAXED if the Board seal is an inked imprint.

JURISDICTION: \_\_\_\_\_

DATE: \_\_\_\_\_

(BOARD SEAL)

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_



## ADDRESSES OF STATE BOARDS OF NURSING

**ALABAMA**, 770 WASHINGTON AVENUE, RSA PLAZA, STE 250, MONTGOMERY, AL 36130-3900 (334/242-4060)  
**ALASKA**, 550 WEST SEVENTH AVENUE, SUITE 1500, ANCHORAGE, ALASKA 99501-3567 (907/ 269-8161)  
**AMERICAN SAMOA**, LBJ TROPICAL MEDICAL CENTER, PAGO PAGO, AS 96799 (684/633-1222)  
**ARIZONA**, 4747 N. 7<sup>TH</sup> STREET, SUITE 200, PHOENIX, AZ 85014-3653 (602/889-5150)  
**ARKANSAS**, UNIVERSITY TOWER BLDG, 1123 S. UNIVERSITY, SUITE 800, LITTLE ROCK, AR 72204-1619 (501/686-2700)  
**CALIFORNIA-RN**, 1625 N. MARKET BLVD, STE N-217, SACRAMENTO, CA 95834-1924 (916/322-3350)  
**CALIFORNIA-PN**, 2535 CAPITOL OAKS DRIVE, SUITE 205, SACRAMENTO, CA 95833 (916/263-7800)  
**COLORADO**, 1560 BROADWAY, SUITE 880, DENVER, CO 80202 (303/894-2430)  
**CONNECTICUT**, 410 CAPITOL AVENUE, MS# 13PHO, P.O. BOX 340308, HARTFORD, CT 06134-0328 (860/509-7624)  
**DELAWARE**, 861 SILVER LAKE BLVD, CANNON BUILDING, SUITE 203, DOVER, DE 19904 (302/739-4522)  
**DIST. OF COLUMBIA**, 717 14<sup>TH</sup> STREET NW, STE 600, WASHINGTON, DC 20005 (202/724-4900)  
**FLORIDA**, 4052 BALD CYPRESS WAY, BIN C02, TALLAHASSEE, FL 32399-3252 (850/245-4125)  
**GEORGIA-PN**, 237 COLISEUM DRIVE, MACON, GA 31217-3858 (478/207-1640)  
**GEORGIA-RN**, 237 COLISEUM DRIVE, MACON, GA 31217-3858 (478/207-1640)  
**GUAM**, P.O. BOX 2816, HAGATNA, GUAM 96932 (671/735-7406)  
**HAWAII**, KING KALAKAUA BUILDING, 335 MERCHANT STREET, 3RD FLOOR, HONOLULU, HI 96813 (808/586-3000)  
**IDAHO**, P.O. BOX 83720, BOISE, ID 83720-0061 (208/334-3110)  
**ILLINOIS**, 320 W. WASHINGTON STREET, 3<sup>RD</sup> FLOOR, SPRINGFIELD, IL 62786 (217/782-8556)  
**INDIANA**, 402 W. WASHINGTON STREET, ROOM W072, INDIANAPOLIS, IN 46204 (317/234-2043)  
**IOWA**, RIVERPOINT BUSINESS PARK, 400 S.W. 8TH STREET, SUITE B, DES MOINES, IA 50309-4685 (515/281-3255)  
**KANSAS**, LANDON STATE OFFICE BUILDING, 900 S.W. JACKSON, SUITE 1051, TOPEKA, KS 66612 (785/296-4929)  
**KENTUCKY**, 312 WHITTINGTON PARKWAY, SUITE 300, LOUISVILLE, KY 40222 (502/429-3300)  
**LOUISIANA-PN**, 3421 N. CAUSEWAY BOULEVARD, SUITE 505, METAIRIE, LA 70002 (504/838-5791)  
**LOUISIANA-RN**, 5207 ESSEN LANE, SUITE 6, BATON ROUGE, LA 70809 (225/763-3570)  
**MAINE**, 158 STATE HOUSE STATION, AUGUSTA, ME 04333 (207/287-1133)  
**MARYLAND**, 4140 PATTERSON AVENUE, BALTIMORE, MD 21215 (410/585-1900)  
**MASSACHUSETTS**, 239 CAUSEWAY STREET, 2<sup>ND</sup> FLOOR, BOSTON, MA 02114 (617/973-0800)  
**MICHIGAN**, OTTAWA TOWERS NORTH, 611 W. OTTAWA, 1ST FLOOR, LANSING, MI 48933 (517/335-0918)  
**MINNESOTA**, 2829 UNIVERSITY AVENUE SE, MINNEAPOLIS, MN 55414 (612/617-2270)  
**MISSISSIPPI**, 1935 LAKELAND DRIVE, SUITE B, JACKSON, MS 39216-5014 (601/987-4188)  
**MISSOURI**, 3605 MISSOURI BLVD. P.O. BOX 656, JEFFERSON CITY, MO 65102-0656 (573/751-0681)  
**MONTANA**, 301 SOUTH PARK, PO BOX 200513, HELENA, MT 59620-0513 (406/841-2340)  
**NEBRASKA**, 301 CENTENNIAL MALL SOUTH, LINCOLN, NE 68509-4986 (402/471-4376)  
**NEVADA**, 5011 MEADOWOOD MALL #201, RENO, NV 89502-6547 (775/688-2620)  
**NEW HAMPSHIRE**, 21 SOUTH FRUIT STREET, SUITE 16, CONCORD, NH 03301-2341 (603/271-2323)  
**NEW JERSEY**, P.O. BOX 45010, 124 HALSEY STREET, 6TH FLOOR, NEWARK, NJ 07101 (973/504-6586)  
**NEW MEXICO**, 6301 INDIAN SCHOOL ROAD, NE, SUITE 710, ALBUQUERQUE, NM 87110 (505/841-8340)  
**NEW YORK**, EDUCATION BLDG, 89 WASHINGTON AVE, 2ND FLOOR WEST WING, ALBANY, NY 12234 (518/474-3817)  
**NORTH CAROLINA**, 3724 NATIONAL DRIVE, SUITE 201, RALEIGH, NC 27602 (919/782-3211)  
**NORTH DAKOTA**, 919 SOUTH 7TH STREET, SUITE 504, BISMARCK, ND 58504 (701/328-9777)  
**NORTHERN MARIANA ISLANDS**, PO BOX 501458, SAIPAN, MP 96950 (670/664-4812)  
**OHIO**, 17 SOUTH HIGH STREET, SUITE 400, COLUMBUS, OH 43215-3413 (614/466-3947)  
**OKLAHOMA**, 2915 N. CLASSEN BOULEVARD, SUITE 524, OKLAHOMA CITY, OK 73106 (405/962-1800)  
**OREGON**, 800 NE OREGON STREET, BOX 25, SUITE 465, PORTLAND, OR 97232 (971/673-0685)  
**PENNSYLVANIA**, PO 2649, HARRISBURG, PA 17105-2649 (717/783-7142)  
**PUERTO RICO**, PO BOX 10200, SANTURCE, PR 00908-0200 (787/725-7506)  
**RHODE ISLAND**, 105 CANNON BUILDING, THREE CAPITOL HILL, PROVIDENCE, RI 02908 (401/222-5700)  
**SOUTH CAROLINA**, 110 CENTERVIEW DRIVE, SUITE 202, COLUMBIA, SC 29210 (803/896-4550)  
**SOUTH DAKOTA**, 4305 SOUTH LOUISE AVE., SUITE 201, SIOUX FALLS, SD 57106-3115 (605/362-2760)  
**TENNESSEE**, 425 FIFTH AVE NORTH, 1ST FLOOR - CORDELL HULL BUILDING, NASHVILLE, TN 37247 (615/532-5166)  
**TEXAS**, 333 GUADALUPE, SUITE 3-460, AUSTIN, TX 78701 (512/305-7400)  
**UTAH**, HEBER M. WELLS BLDG., 4TH FLOOR, 160 EAST 300 SOUTH, SALT LAKE CITY, UT 84111 (801/530-6628)  
**VERMONT**, 81 RIVER STREET, HERITAGE BUILDING, MONTPELIER, VT 05609-1106 (802/828-2396)  
**VIRGIN ISLANDS**, VETERANS DRIVE STATION, ST. THOMAS, VI 00803 (340/776-7397)  
**VIRGINIA**, 6603 WEST BROAD STREET, 5TH FLOOR, RICHMOND, VA 23230-1712 (804/662-9909)  
**WASHINGTON**, HPQA #6, 310 ISRAEL RD SE, TUMWATER, WA 98501-7864 (360/236-4700)  
**WEST VIRGINIA-PN**, 101 DEE DRIVE, CHARLESTON, WV 25311 (304/558-3572)  
**WEST VIRGINIA-RN**, 101 DEE DRIVE, CHARLESTON, WV 25311 (304/558-3596)  
**WISCONSIN**, 1400 E. WASHINGTON AVENUE, RM 173, MADISON, WI 53708 (608/266-0145)  
**WYOMING**, 2020 CAREY AVENUE, SUITE 110, CHEYENNE, WY 82002 (307/777-7601)



# NOTICE

## To Nurses Seeking Licensure in Idaho

If you are or were ever licensed in Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, South Dakota, Tennessee, Texas (RN) or Texas (VN), Utah, Vermont, Virginia, Washington, West Virginia (PN), or Wisconsin, you must obtain a **Nursys LICENSE VERIFICATION** by accessing the Nursys website at <https://www.nursys.com> and completing the request form. You may pay the \$30.00 fee by MasterCard or Visa. **DO NOT COMPLETE THE ENCLOSED IDAHO VERIFICATION OF LICENSURE FORM.**

Your verification will be completed by the NURSUS system and provided to the Idaho Board of Nursing electronically. This verification form is valid **for ninety days only and may only be extended by submitting an additional fee.** If you submit your application after the expiration date of the Verification, you will be requested to pay an additional \$30.00 fee.

Note: If you are **NOT** licensed in Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, South Dakota, Tennessee, Texas (RN) or Texas (VN), Utah, Vermont, Virginia, Washington, West Virginia (PN), or Wisconsin, please complete the enclosed Verification of Licensure form (Idaho form) and forward this form to your original state of licensure. **DO NOT COMPLETE THE NURSUS FORM.**

Please contact the Board office (208) 334-3110 ext. 21 if you have questions concerning the Verification form.

# NURSING EMPLOYMENT REFERENCE FORM

## LICENSURE APPLICANT:

1. If you have been employed as a nurse at some time within the last three years, complete the release information at the top of this form and send to a registered nurse/supervisor from your current or most recent place of employment for completion of the bottom section. The form must be returned **directly** to the Board by the nursing employer.
2. If you graduated from a nursing education program *less than one year ago* **AND** you have **not** been employed as a nurse for a minimum of 30 days, complete the release information at the top of this form and send to a faculty member at your nursing education program for completion of the bottom section. The form must be returned **directly** to the Board office by the faculty.

TO:

PLACE OF EMPLOYMENT (OR NURSING SCHOOL)

SUPERVISOR (OR FACULTY CHAIR)

I, \_\_\_\_\_, Social Security # \_\_\_\_\_ have applied to the \_\_\_\_\_ (Name of Nurse Applicant)

the Idaho Board of Nursing for licensure as an \_\_\_\_\_ nurse. I stated on my licensure application

(RN/LPN/APPN)

that I was **employed/enrolled** at your institution as a \_\_\_\_\_ for the following  
(circle one) (RN, LPN, RNA, NP, CNM, CNS, other)

period: \_\_\_\_\_ to \_\_\_\_\_. I hereby authorize you to release to the Idaho

Board of Nursing for licensure purposes, the information requested below.

DATE

SIGNATURE OF APPLICANT

**ATTENTION: THIS FORM WILL NOT BE ACCEPTED DIRECTLY FROM THE APPLICANT.**

## NURSING EMPLOYER (OR FACULTY MEMBER):

The above named person has applied for licensure as a nurse in the State of Idaho and has given your name as a reference. Please furnish the information requested below and return the completed form by mail or FAX to:

**IDAHO BOARD OF NURSING, P.O. BOX 83720, BOISE, ID 83720-0061 (FAX: (208) 334-3262)**

*(If returning the form by FAX, please DO NOT follow up with a hard copy. Thank you.)*

1. The applicant was **employed/enrolled** from \_\_\_\_\_ to \_\_\_\_\_.  
(circle one)

as a(n):

☐ RN

☐ CNM

☐ NP

☐ LPN

☐ CNS

☐ RNA

☐ OTHER\*

*\*If OTHER is checked, please specify job title in the blank and list job duties on the reverse side of this form.*

2. GENERAL HISTORY:

Met performance requirements ☐

Performance **NOT** satisfactory ☐

*(If NOT satisfactory, please explain on reverse side.)*

DATE

SIGNATURE AND TITLE

EMPLOYER OR SCHOOL:

MAILING ADDRESS:

PHONE and FAX NUMBERS:

## NURSING LICENSURE INTERSTATE COMPACT

Dear Applicant for Licensure by Interstate Endorsement or Reinstatement:

On July 1, 2001, Idaho became a member of the Nurse Licensure Compact. Other states include Arizona, Arkansas, Colorado (10/07), Delaware, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

Under terms of the Nurse Licensure Compact, nurses may hold a license to practice issued by their state of residence, if that state is a Compact state, and are granted the privilege to practice in other Compact states without holding separate licenses in those other states. If you reside in a Compact state, you may hold a Compact state license only in your declared state of residence; you may not be licensed in any other Compact state. If you reside in a state that is not a member of the Compact and you apply for licensure to practice in any Compact state, you will be issued a license by the individual Compact state that will be designated as valid for practice only in that state.

If you are applying for licensure in Idaho and indicating a mailing address in another Compact state, it is imperative that you inform the Idaho Board as to which scenario best suits your particular situation, to ensure that appropriate procedures are followed in issuing your Idaho license or in directing you to contact the appropriate state(s) to apply for and receive a license.

Please note, if you are in the process of moving to Idaho and declaring Idaho as your state of residence, you must provide the Idaho Board with an Idaho address within 30 days of relocating to this state. Upon notice of address change, licenses held in any other Compact state will become invalid.

More information regarding the Nurse Licensure Compact is available on the National Council of State Boards of Nursing web site at <http://www.ncsbn.org>. If you have questions about your application, please contact the Board at (208) 334-3110 ext. 21.

-----Tear off and return-----

DECLARATION OF STATE OF RESIDENCE
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Name\_\_\_\_\_

Address:\_\_\_\_\_

Primary state of residence is defined as “the state of a person’s declared fixed permanent and principal home for legal purposes; domicile. Documentation of state of residence includes a valid driver’s license with a home address, voter registration card with a home address, and/or the state declared as the state of residency on the last federal tax return.

Based on the definition above, my primary state of residence is\_\_\_\_\_

I am currently practicing nursing (including telenursing) in the following states:

\_\_\_\_\_  
\_\_\_\_\_

Check one:

- ☐ I am declaring Idaho as my state of residence, even though my mailing address is in another Compact state.
- ☐ I am declaring Idaho as my state of residence; my mailing address is listed below.
- ☐ I am practicing in Idaho, but am declaring another Compact state as my state of residence.
- ☐ I am practicing in Idaho, but am declaring a Non-Compact state \_\_\_\_\_ as my state of residence.
- ☐ I am a member of the armed forces and am declaring Idaho as my state of residence.
- ☐ I am in the process of moving to Idaho, but do not yet have an Idaho mailing address.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Address:\_\_\_\_\_

**AFFIDAVIT ATTESTING TO VALIDITY OF COPY**

I hereby certify that the attached is a direct photocopy of:  
Please ☒ appropriate box (es).

- $\pi$       The certificate which shows proof of current licensure as a licensed professional nurse (RN)
- $\pi$       The certificate which shows advanced practice professional nurse national certification
- $\pi$       The document which verifies acceptance to take the certification examination
- $\pi$       The diploma from my Advanced Practice Professional Nurse educational program

Total number of documents \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me  
\_\_\_\_\_, a notary public, personally appeared \_\_\_\_\_,  
known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged  
to me that he/she executed the same.

(Notary Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

AFF

## Check List

The following items must be submitted when you file your application for **LPN/RN** licensure:

- ☐ Completed, notarized application – pages 1 and 2
- ☐ Fee(s)
- ☐ Census Questionnaire
- ☐ Declaration Form
- ☐ Affidavit attesting to the Validity of Copies – *if applying for a temporary license, this form must be accompanied by a copy of your current licensure certificate or lapsed licensure certificate if you are applying for a conditional temporary license*

Be sure that you have requested your employer to complete the Employment Reference form and that you have requested your Verification of Licensure form be submitted directly to the Board of Nursing.



The following items must be submitted when you file your application for **APPN** licensure:

- ☐ Completed, notarized application – pages 1, 2 **and** 3.
- ☐ Fee – for Advanced Practice Professional Nurse licensure
- ☐ Fee – for Professional Nurse (RN) licensure if **NOT** currently licensed to practice in Idaho as an RN and NOT residing in a Compact State
- ☐ Declaration Form
- ☐ Affidavit attesting to the Validity of Copies – attach a copy of your APPN Certification card

Be sure that you have requested that an **OFFICIAL TRANSCRIPT** of your advanced practice professional nursing program be submitted directly to the Board office.

**❧ It is not necessary to return this form with your application ❧**